Mail/Fax information to:

Vermont Department of Labor Claim Center P.O. Box 189 Montpelier, VT 05601-0189 Fax: 802-828-9191

Notification of Available Work

Please provide the following information regarding the work you **currently have** available for:

Name of Claimant:	Last four digits o	Last four digits of SSN:	
Current Date:	_		
Your Business Name and Address:			
Your Business Telephone Number:			
Name of Person to Contact for Job Inform	nation:		
Job Title:	Rate of Pay:	_ (Hourly / Salary	
☐ Full-Time ☐ Part-Time = .	hours per week		
Drieta d Name of Davage Completing Form	Tolombono Niverbon		
Printed Name of Person Completing Forn	i eiepnone Number		
Title of Person Completing Form			